

**ROADS FORM 2:****TRAFFIC AND TRANSPORT STATEMENT**

This form to be completed for Planning Applications which reach any of the thresholds given in Roads Table 1 attached.

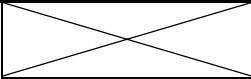
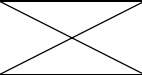
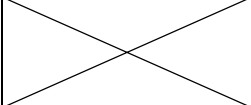
**Applicant Details**

Name	
Address	
Phone Number/Fax Number	
Email Address	

**Development Details**

Brief description of proposed development	
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**Traffic and Transport Impacts**

Existing flow on adjacent roads	Peak hourly flow					
	Activity peak hourly flow					
	AADT					
What is the current flow to/from the site?		Cars		HGV's		Time period
		In	Out	In	Out	
	Peak hourly flow					
	Activity peak hourly flow					
	AADT					
	Source of this data					
		Cars		HGV's		Time period
		In	Out	In	Out	

flow to/from the site upon completion?	Peak hourly flow					
	Activity peak hourly flow					
	AADT					X
	Source of this data					
If there is more than one access to the site, how are the above flows split?	YES/NO Describe:					

**Planning Department**

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Aras An Chontae

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Longford



## **SUPPLEMENTARY INFORMATION**

**Ensure all relevant supplementary information is included.**



## **TRAFFIC AND TRANSPORT STATEMENT**